

**EXHIBIT BB**

**The remainder of Plaintiff's Inmate File  
that has not been previously referenced  
as a separate exhibit**

Are you under medical treatment now? ☐ ☒

4. Are you allergic to any medications or drugs? ☐ ☒

List all medications or drugs you are allergic to:

Have you ever been hospitalized for any dental operation or serious illness? ☒ ☐

When and for what:

5. Do you use tobacco? ☐ ☒

6. Do you use alcohol? ☐ ☒

7. WOMEN ONLY:

a) Are you pregnant or think you may be pregnant? ☐ ☐

b) Are you nursing? ☐ ☐

c) Are you taking birth control pills? ☐ ☐

YES NO

☐ ☐

☐ ☐

☐ ☐

Are you taking any medication(s) including non-prescription medicine? ☐ ☐

8. B/P \_\_\_\_\_

Do you have or have you had any of the following?

	YES	NO
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Heart Disease	<input type="checkbox"/>	<input type="checkbox"/> AIDS or HIV Infection
<input type="checkbox"/> Chest Pains	<input type="checkbox"/>	<input type="checkbox"/> Thyroid Problem
<input type="checkbox"/> Heart Attack	<input type="checkbox"/>	<input type="checkbox"/> Anemia/Free Bleeder
<input type="checkbox"/> Cardiac Pacemaker	<input type="checkbox"/>	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/> Joint Replacement or Implant
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/> Hepatitis / Jaundice
<input type="checkbox"/> Stroke	<input type="checkbox"/>	<input type="checkbox"/> Stomach Troubles / Ulcers
<input type="checkbox"/> Asthma	<input type="checkbox"/>	<input type="checkbox"/> Sexually Transmitted Disease
<input type="checkbox"/> Emphysema	<input type="checkbox"/>	<input type="checkbox"/> Cancer
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> Kidney Problems
<input type="checkbox"/> Fainting / Seizures	<input type="checkbox"/>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Epilepsy / Convulsions		
<input type="checkbox"/> Leukemia		

# COMMENTS

Signature of Dentist

Date

Do you have any sores or lumps in or near your mouth? ☐ ☐

Do you have any head, neck or jaw injuries? ☐ ☐

Do you have braces? ☐ ☐

12. Have you ever had any difficult extractions in the past? ☐ ☐

13. Have you ever had prolonged bleeding following extractions? ☐ ☐

YES NO

☐ ☐

☐ ☐

☐ ☐

I certify that I have read and understand the above information. To the best of my knowledge, the above questions have been accurately answered.

I understand that providing incorrect information can be dangerous to my health. I authorize Dr. Natali to furnish information to Insurance carriers concerning my treatment and I assign to the dentist all payments for dental services rendered. I understand that I am responsible for any amount not covered by Insurance.

SIGNATURE

X

PATIENT, PARENT OR GUARDIAN

DATE

Powell, David

## DISABILITY CERTIFICATE

**PRICARE, P.A.**44 ALIANT PARKWAY  
P.O. BOX 789  
ALEXANDER CITY, AL 35011  
Telephone (256) 234-4131Date 5.25.05

This is to certify that

David Powell

has been under my professional care and was totally

incapacitated from 5.25.05 to 6.15.05

As of this date he/she is

- ☐ Still unable to return to work/school
- ☐ Sufficiently recovered to resume a normal workload
- ☐ Sufficiently recovered to return to work/school with the following limitations:

allow to rest in cell  
prn x 3 wksDr. Roach/ag

# CC JSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 5/06/05 TIME: 7:38 AM

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

GIVE MY WALLET TO FAMILY WHO  
COME TO GET IT + CAR KEYS. CELL PHONE.

Thank you

Inmate's signature David Powell

Do not write below—for reply only

OK

AS

Signature of Jail Officer receiving original request:

# CCOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID FOWELL CELL: C-201

DATE: 5/6/05 TIME: 7:30 AM

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I NEED TO GO TO THE DOCTOR MY NECK  
+ SHOULDER IS HURT. ALSO MY NERVE THIS MENTAL  
PROBLEM. FOR MY MEDICINE

Thank you

Inmate's signature David Fowell

Do not write below—for reply only

Will Make Appoint

AS

Signature of Jail Officer receiving original request:

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C201

DATE: 5/10/05 TIME: 7:00AM

Please check one of the following:

       Medical             Commissary             Grievance        ✓   Other

Briefly state your request or list your commissary items below"

I HAVE BEEN A COOK FOR 15 YRS + LAUNDRY  
I NEED A 5-B AS A ~~TR~~ TRUSTEE.

Thank you

David Powell

Inmate's signature \_\_\_\_\_

Do not write below—for reply only

NOTED

Signature of Jail Officer receiving original request:

5/13/05  
JK

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 5/10/05 TIME: 7:00 pm

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I ~~NEED~~ NEED TO GO TO THE DENTIST  
FOR THE TOOTHACHE!

Thank you

Inmate's signature David Powell

Do not write below—for reply only

5-25-05 1300 Coosa Co Family Dentistry

Signature of Jail Officer receiving original request:

# COOSA COUNTY JAIL INMATE REQUEST FORM

151

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 5/13/05 TIME: 3:45 pm

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

I NEED TO GO TO THE LAW  
LIBRARY  
Thank you  
David Powell

Inmate's signature David Powell

Do not write below—for reply only

You do not have that privilege per  
US Supreme Court ruling

Signature of Jail Officer receiving original request:



# COOSA COUNTY JAIL

## INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C 201

DATE: 5/18/05 TIME: 12:25 pm

Please check one of the following:

Medical Commissary Grievance ☒ Other

Briefly state your request or list your commissary items below"

I NEED FOR SOMEONE TO LET  
ME KNOW ABOUT CASH ON THE BOOK  
\$224.00 5/10/2005. AFTER THE 10 OF MAY  
MY SON PUT \$300.00 CASH ON THE BOOK.

I NEED TO GET ~~THIS~~ THIS ~~VERIFY~~

Inmate's signature David Powell

Do not write below—for reply only

\$300 is on your Books

AB

Signature of Jail Officer receiving original request:

# CLALLAM COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID L. POWELL CELL: C-201

DATE: 5/23/05 TIME: 12:39 pm

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

SHERIFF OWENS I NEED TO SPEAK TO ABOUT  
2 MINUTES

Thank you

Inmate's signature David Powell

Do not write below—for reply only

Sheriff advised

Signature of Jail Officer receiving original request:

JH  
5/25/05

# CCJSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 05/23/05 TIME: 2:00pm

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

IS ANY WAY THAT I CAN BE  
TRUSTEE.  
THANK YOU

Inmate's signature David Powell

Do not write below—for reply only

Noted

Signature of Jail Officer receiving original request:

MR  
5/25/05

# CL OSA COUNTY JAIL INMATE REQUEST FORM

2

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 5/23/05 TIME: 12:26 PM

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below

I NEED TO GO TO THE DENTIST  
FOR TOOTHACHE.

Thank you

Inmate's signature David Powell

Do not write below—for reply only

Appt MADE

ZZSS

Signature of Jail Officer receiving original request:

# CLOSA COUNTY JAIL INMATE REQUEST FORM

2

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 5/23/05 TIME: 12:23pm

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I NEED TO go to THE DOCTOR  
FOR NECK + BACK PAIN.

Thank you

Inmate's signature David Powell

Do not write below—for reply only

Appt made

2255

Signature of Jail Officer receiving original request:

# CALOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 5/27/05 TIME: 8:05 AM

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

THE DOCTOR SAID THAT HE GAVE ME  
PRESCRIPT FOR DEPRESSION / PAIN /  
ZOLPT / NAPROXEN / BUT WHERE  
got it / my other MEDICINE.

I WANT TO SEE THE PRESCRIPT THAT  
WAS WRITTEN FOR ME ~~AT~~ OR NEED TO  
GO A DOCTOR AND GET MEDICINE MY DEPRESS,  
~~FROM THAT MY BED REST WAS NOT LIMIT.~~

Inmate's signature David Powell

Do not write below—for reply only

Signature of Jail Officer receiving original request:

# CALOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 5/31/05 TIME: 7:16 AM

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

I WOULD LIKE ONE MINUTE  
TO SPEAK TO YOU SHERIFF OWENS  
SINCERELY  
Thank you.

Inmate's signature David Powell

Do not write below—for reply only

Sheriff notified

Signature of Jail Officer receiving original request:

MR  
6/1/05

# CALOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID L. POWELL CELL: C-201

DATE: 6/01/05 TIME: 1:30pm

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

I NEED TO SPEAK TO YOU SHERIFF OWENS.  
YOU SAID YOU WAS GOING TO CALL ME UP-  
FRONT WHEN WE WAS COURT. David Powell

THANK YOU.

Inmate's signature David Powell

Do not write below—for reply only

NOTED  
2255

Signature of Jail Officer receiving original request:



# COSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 6/05/05 TIME: 7:15 AM

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below

I NEED MY ANTI DEPRESSION MED-  
ICATION (ZOLCET)  
THANK YOU

Inmate's signature David Powell

Do not write below—for reply only

Previous medical appointment did not  
determine a need for depression  
medication

Signature of Jail Officer receiving original request:

MR  
6/7/05

# CALSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-701

DATE: 6/07/05 TIME: 8:55 AM

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below

I AM STILL HAVE ~~IT~~ NUMBNESS IN  
RIGHT ARM AND PAIN IN MY SHOULDER  
I NEED TO SEE A DOCTOR  
Thank you

Inmate's signature David Powell

Do not write below—for reply only

Noted

2-53

Will make Appt

Signature of Jail Officer receiving original request:

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 6/8/05 TIME: 5:51 AM

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

YES I WANT TO APPEAL  
DIETARY. Sgt. Roberson -

Inmate's signature David Powell

Do not write below—for reply only

Noted- appeal hearing will be held  
Monday 6/13/05

Signature of Jail Officer receiving original request:

Advised 6-9-05 TOL

MR  
6/9/05

# COSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 6/9/05 TIME: 7:55pm

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I HAVE TROUBLES CONTROL THINGS  
I NEED MY MEDICATION FOR ANTI-  
DEPRESSION ZOLOFT. IT GETTING HARD  
TO STAY FOCUSE.

Inmate's signature David Powell

Do not write below—for reply only

Noted  
2285

Signature of Jail Officer receiving original request:

# COSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 6/14/05 TIME: 8:15 pm

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I HAVE FINISH TAKE MY ANTIBIOTIC THE DENTIST  
PRESCRIPT SO HE COULD FINISH EXTRACTION MY  
TEETHS. ALSO DOCTOR AMY BENNETT PRESCRIPT  
ANTIBOTIC SO I COULD GET THEM EXTRACTION IN  
DEC 2004 I PAID FOR.

Inmate's signature

David Powell

Do not write below—for reply only

Dental appt. has been scheduled

Signature of Jail Officer receiving original request:

[Signature]  
6/16/05

# COO. A COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 6/20/ TIME: 10:40 AM

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

MR. JEFFERSON WOOD I NEED MY TIME  
SHEET, SO I CAN SEE IF HAVE DID  
ENOUGH TIME TO GET AHEAD START,  
SO I CAN GET HOME TO MY FAMILY.

Thank you.

Inmate's signature

David Powell

Do not write below—for reply only

Signature of Jail Officer receiving original request:

# COO A COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 6/20/05 TIME: 10:22 AM

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

MY KNEES HURT GOING UP AND DOWN-  
STAIR I WANT TO BE MOVED TO CELL 104  
BOTTOM BUNK AND ALONE.

Inmate's signature David Lee Powell

Do not write below—for reply only

Noted

[Signature]

Signature of Jail Officer receiving original request:

# COOS COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-104

DATE: 6/24/05 TIME: 6:05 AM

Please check one of the following:

       Medical             Commissary        ✓   Grievance             Other

Briefly state your request or list your commissary items below"

I LIKE TO KNOW WHY THERE IS  
A JAIL BLOCK ON MY PHONE. THE  
PHONE SAID THAT SHERIFF DEPARTMENT  
NOT A BLOCK THE PHONE.

Inmate's signature David Powell

Do not write below—for reply only

The Jail does not put blocks on phones -  
Gracia Phone Service Center from Eureka

AB 6/24/05

Signature of Jail Officer receiving original request:



## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID L POWELL CELL: 204 C

DATE: 8 28 TIME: 11:15

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

① RELEASE MY PERSON FROM  
STUFF TO MATEA POWELL  
KEY / WALLET / CELL PHONE / DAILY PLAN /  
NOT CLOTHES +  
SHOES

Inmate's signature

David L Powell

Do not write below—for reply only

Property Released

Signature of Jail Officer receiving original request:

[Signature]

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: LEVIN POWELL CELL: C-204

DATE: 9/14/04 TIME: 6:58

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I NEED TO GO ~~TO~~ TO THE DR. FOR  
MEDICAL TREATMENT - BACK - KNEE AND ANKLE  
PROBLEMS

Inmate's signature Levin Powell

Do not write below - for reply only

Must see Andy Dr

9/14/04

KS

Signature of Jail Officer receiving original request:

## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DENNIS POWELL CELL: C-204

DATE: 9/17/04 TIME: 8:30 pm

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

Release my case to MASTER POWELL

Inmate's signature Dennis Powell

Do not write below—for reply only

Keys Given to Butler  
9/19/04 AS

Signature of Jail Officer receiving original request:

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID DOWELL CELL: C-204

DATE: 7/19/04 TIME: 7:55 pm

Please check one of the following:

   Medical    Commissary    ☒ Grievance    Other

Briefly state your request or list your commissary items below"

I FEEL THAT THIS JAIL STAFF IS BIAS AGAINST  
THE AFRICAN OFFICERS & I FEEL I NEED TO BE  
RELEASED TO MY HOME OR OTHER  
DETENTION CENTER IN ALABAMA AS SOON  
AS POSSIBLE. FOR MY SAFETY!  
Thank You!

Inmate's signature David Dowell

Do not write below—for reply only

NOTED

Signature of Jail Officer receiving original request:

MR  
9/20/04

## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: 2-201

DATE: 8/22/04 TIME: 2:52

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I need to go to doctor for  
pain in my neck + back nerve. This my  
second request to get a doctor!

I thank you  
have an good day

How come you not for me?

Inmate's signature David Powell

Do not write below—for reply only

Will Made you a Dr. Appoint

Signature of Jail Officer receiving original request:

## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 9/24/04 TIME: 9:00 AM

Please check one of the following:

☒ Medical ☐ Commissary ☒ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I NEED TO GO TO THE DENTIST TO  
EXACT SOME TEETH THAT HURTING. AND GO TO THE  
DOCTOR FOR MY MEDICINE FOR MY NEURVE  
MY BACK & KNEE.  
Thank you

Inmate's signature David Powell

Do not write below—for reply only

appt to be made

Signature of Jail Officer receiving original request:

## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 9/25/04 TIME: 7:34

Please check one of the following:

☐ Medical ☐ Commissary ☒ Grievance ☐ Other

Briefly state your request or list your commissary items below

MY WHITE IS <sup>MISSING</sup> LUNDSY BAG  
WITH 3000 D.P. + ON IT. Short & T-Shirt  
SOCKS  
I FEEL THAT IF YOU ALL DO NOT  
GET THEM, PAY ME FOR THEM.  
MOVE ME ~~TO~~ TO SOME OTHER  
DETENTION CENTER IN ALABAMA, IF  
YOU IS SO EVIL + BARS TO TAKE A CLOTHES  
LIKE THIS, GOT KNOW WHO YOU  
ARE.

Inmate's signature David Powell

Do not write below—for reply only

Clothes found + returned.  
167

Signature of Jail Officer receiving original request:

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 9/25/04 TIME: 2:10

Please check one of the following:

       Medical             Commissary             Grievance        L   Other

Briefly state your request or list your commissary items below"

RELEASE \$100.00 TO DAVID ROZEMAN  
+ CHECK BOOK TO HIM DAVID ROZEMAN

Inmate's signature David Powell

Do not write below—for reply only

ck #2972 for \$100.00

Signature of Jail Officer receiving original request:



# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-201

DATE: 9/28/04 TIME: 6:28 AM

Please check one of the following:

       Medical             Commissary        ✓   Grievance             Other

Briefly state your request or list your commissary items below"

I NEED TO BE MOVED TO 205 CELL  
BOTTOM BUNK (ASD) BECAUSE OF NERVE.  
BY MYSELF UNTIL FULL OF INMATES.  
Thank you  
David Powell

Inmate's signature David Powell

Do not write below—for reply only

DENIED

9/28/04  
AS

Signature of Jail Officer receiving original request:

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 9/29/04 TIME: 11:00

Please check one of the following:

Medical ☒ Commissary ☒ Grievance ☒ Other BAIS

Briefly state your request or list your commissary items below"

I ASK THAT STORE CALL FORM  
TO BE SEND TO ME. BUT DIDNT  
GET MY STUFF TO TO, BAIS BY  
WENDY ROBINSON I WANT JUST  
OTHER INMATES GOT THEY ORDER  
NO EXCUSE! David Powell

Inmate's signature David Powell

Do not write below—for reply only

Noted

Signature of Jail Officer receiving original request:

140  
140  
282  
140  
420  
140  
160  
400  
200  
1320  
1000  
400  
2720  
800  
100  
2920  
370  
250  
125  
3665

10/8/04

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 01/01/04 TIME: 8:59

Please check one of the following:

☒ Medical ☐ Commissary ☒ Grievance ☐ Other

Briefly state your request or list your commissary items below: (6:30 AM) (7:30 AM) (8:48 AM)  
I ASK FOR MY THREE TIMES STILL HAVE  
NOT RECEIVE IT. (DP)

NOV. 1/04 ASK MEDICINE ON  
OCT 28/04 today is NOV 1/04 AT 7:22 STILL HAVE NOT  
RECEIVE IT. David Powell thank you.

WAS PUT IN HOLE FOR 2.3 HRS. 57 MINUTES FOR  
STAFF TELL FALSE INFORMATION TO HEAD STAFF.  
IN OCTOBER 04.

Inmate's signature David Powell

Do not write below—for reply only

Noted

Signature of Jail Officer receiving original request:

JP  
11/8/04

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 10/20/04 TIME: 3:44

Please check one of the following:

1 Medical        Commissary        Grievance        Other

Briefly state your request or list your commissary items below

LET MY SON HAVE \$120.00 FOR IN  
THE BOOK + SEND ME A RAL  
DAVID BEZEMAN  
Thank you

Inmate's signature David Powell

Do not write below — for reply only

CK# 2987 for \$120.00 to David Bezeman  
on 10/21/04  
AB

Signature of Jail Officer receiving original request:

## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 11/10/04 TIME: 9:10 AM

Please check one of the following:

       Medical    ☒ Commissary           Grievance    ☒ Other

Briefly state your request or list your commissary items below"

NEED A BALANCE OF MY ACCOUNT  
ON BOOK.

Inmate's signature David Powell

Do not write below—for reply only

\$48.55 as of 11/12/04 A.M.

Signature of Jail Officer receiving original request:

MR  
11/12/04

## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 11/18/04 TIME: 7:06 AM

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I HAVE ~~THE~~ TEETHACE AND NEED TO EXTRACT  
THE TEETH IT CUTTING MY TONGUE WHEN I CHW  
+ EATING, DRINKING. I NEED TO GO TO THE DEN  
IST. A.S.P  
THANK YOU.

Inmate's signature David Powell

Do not write below—for reply only

Will schedule dental appt. TAB

Signature of Jail Officer receiving original request:

[Signature]  
11/22/04

## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 11/20/04 TIME: 9:35

Please check one of the following:

       Medical           Commissary           Grievance      X   Other

Briefly state your request or list your commissary items below"

LET VICKY JACKSON HAVE  
LADAWD JACKSON INK CARD.

Inmate's signature

David Powell

Do not write below—for reply only

Card picked up by Vicki Jackson 11-20-04 JPC

Vicky Jackson

Signature of Jail Officer receiving original request:

## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 11/24/04 TIME: 10:20

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I NEED ORAGEL FOR TOOTHACHE PAIN.  
Thank you.

Inmate's signature David Powell

Do not write below—for reply only

NOTED

Signature of Jail Officer receiving original request:

[Signature]  
11/24/04



## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 12/13/04 TIME: 1:45 PM

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I'm out of my medicine that I need. I notify  
STAFF FIVE DAYS BEFORE I GAVE OUT STILL DO  
NOT HAVE ANY. GAVE OUT 12/07/04

Thank You

David Powell

Inmate's signature David Powell

Do not write below—for reply only

Taken to Dr 12/16/04

Signature of Jail Officer receiving original request:

TAB 12/16/04

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: 205

DATE: 12/13/04 TIME: 10:00

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

I NEED TO GO TO DENTIST FOR REMOVE  
TEETH & PAIN Pain

David Powell

Inmate's signature \_\_\_\_\_

Do not write below—for reply only

Schedule Dental Appt

Signature of Jail Officer receiving original request:

TAB 12/13/04

## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 12/16/04 TIME: 3:00pm

Please check one of the following:

       Medical             Commissary             Grievance      ☒ Other

Briefly state your request or list your commissary items below"

I NEED TO MAKE A PHONE CALL TO  
THE PHONE COMPANY CENTEL OR EVERCOM  
TO REMOVE THE BLOCK OFF MY HOME.  
THEY TOLD MY FAMILY I AM THE WHO CAN  
CALL AND DO IT.

Thank you

David Powell

Inmate's signature David Powell

Do not write below—for reply only

Advised

Signature of Jail Officer receiving original request:

TAB 12/27/04

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 12/16/04 TIME: 8:00 AM

Please check one of the following:

Medical Commissary ☒ Grievance Other

Briefly state your request or list your commissary items below"

~~SECTION 13~~ SECTION-13  
I SEND OUT REQUEST FORMS TO  
SEE DENTIST + DOCTOR + ABOUT MY MED  
ICINE I GOT NO RESPONSE FROM  
JAIL STAFF.  
THANK YOU.

Inmate's signature David Powell

Do not write below—for reply only

Gary Bley 12/16/04

Signature of Jail Officer receiving original request: AB

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 12/23/04 TIME: 8:10pm

Please check one of the following:

☐ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

I would like a position as a  
trustee.

Thank you.

Inmate's signature David Powell

Do not write below—for reply only

Noted  
12/24/04

Signature of Jail Officer receiving original request:

## COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 12/28/04 TIME: ~~12/28/04~~ 7:26AM

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

I NEED TO GO TO THE DENTIST.  
I HAVE TOOK ALL MY ANTIBIOTIC TWO  
DAYS AGO.

THANK YOU

Inmate's signature David Powell

Do not write below—for reply only

Signature of Jail Officer receiving original request:

# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-205

DATE: 12/29/04 TIME: 7:20 AM

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below

I NEED SOME MORE PAIN MEDICINE  
NAPROXEN 500 MG TAB.  
THANK YOU.

Inmate's signature David Powell

Do not write below—for reply only

Signature of Jail Officer receiving original request:

## COOSA COUNTY SHERIFF'S OFFICE

06/03/2004

14:39:05

## MEDICAL SCREENING FORM

PAGE 1

=====

Booking No: 040000305 Date: 06/03/2004 Time: 14:23 Type: NORMAL

Agency to Bill: COOSA COUNTY Facility: COUNTY JAIL

Inmate Name: POWELL DAVID LEE

Race: B

Sex: M

DOB: 01/07/1957 Age: 47 SSN:

Height: 6'00" Weight: 150

- 
- N 1. Is inmate unconscious?
- N 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
- N 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
- N 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- N 5. Does inmate appear to be under the influence of drugs or alcohol?
- N 6. Any visible signs of alcohol or drug withdrawal?
- N 7. Does inmate's behavior suggest the risk of suicide or assault?
- N 8. Is inmate carrying any medication?
- N 9. Does the inmate have any physical deformities?
- N 10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?

- |                       |                                  |                               |
|-----------------------|----------------------------------|-------------------------------|
| <u>f</u> a. Allergies | <u>  </u> f. Fainting Spells     | <u>  </u> k. Seizures         |
| <u>✓</u> b. Arthritis | <u>✓</u> g. Hearing Condition    | <u>  </u> l. Tuberculosis     |
| <u>✓</u> c. Asthma    | <u>  </u> h. Hepatitis           | <u>  </u> m. Ulcers           |
| <u>  </u> d. Diabetes | <u>  </u> i. High Blood Pressure | <u>  </u> n. Venereal Disease |
| <u>  </u> e. Epilepsy | <u>✓</u> j. Psychiatric Disorder | <u>  </u> o. Other (Specify)  |

Other:

12. For females only:

- a. Are you pregnant?
- b. Do you take birth control pills?
- c. Have you recently delivered?



06/03/2004 14:39:05 COOSA COUNTY SHERIFF'S OFFICE  
MEDICAL SCREENING FORM PAGE 2  
=====

Booking No: 040000305 Date: 06/03/2004 Time: 14:23 Type: NORMAL  
Agency to Bill: COOSA COUNTY Facility: COUNTY JAIL

Inmate Name: POWELL DAVID LEE Race: B Sex: M  
DOB: 01/07/1957 Age: 47 SSN: Height: 6'00" Weight: 150  
-----

- N 13. Have you recently been hospitalized or treated by a doctor?
- N 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- N 15. Are you allergic to any medication?
- Y 16. Do you have any handicaps or conditions that limit activity?
- N 17. Have you ever attempted suicide or are you thinking about it now?
- Y 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- N 20. Do you have a special diet prescribed by a physician?
- Y 21. Do you have any problems or pain with your teeth?
22. Do you have any other medical problems we should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: David Powell DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

BOOK OFFICER: AR DATE: 6-3-04 TIME: 14:46

## COOSA COUNTY SHERIFF'S OFFICE

06/23/2004

02:16:50

MEDICAL SCREENING FORM

PAGE 1

=====

Booking No: 040000344 Date: 06/23/2004 Time: 02:11 Type: NORMAL  
 Agency to Bill: COOSA COUNTY Facility: COUNTY JAIL

Inmate Name: POWELL DAVID LEE

Race: B

Sex: M

DOB: 01/07/1957 Age: 47 SSN:

Height: 6'00" Weight: 150

- 
- \_\_\_\_\_ 1. Is inmate unconscious?
  - \_\_\_\_\_ 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
  - \_\_\_\_\_ 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
  - \_\_\_\_\_ 4. Any signs of poor skin condition, vermin, rashes or needle marks?
  - \_\_\_\_\_ 5. Does inmate appear to be under the influence of drugs or alcohol?
  - \_\_\_\_\_ 6. Any visible signs of alcohol or drug withdrawal?
  - \_\_\_\_\_ 7. Does inmate's behavior suggest the risk of suicide or assault?
  - \_\_\_\_\_ 8. Is inmate carrying any medication?
  - \_\_\_\_\_ 9. Does the inmate have any physical deformities?
  - \_\_\_\_\_ 10. Does inmate appear to have psychiatric problems?
  - \_\_\_\_\_ 11. Do you have or have you ever had or has anyone in your family ever had any of the following?

<u>N</u> a. Allergies	<u>N</u> f. Fainting Spells	<u>N</u> k. Seizures
<u>Y</u> b. Arthritis	<u>Y</u> g. Hearing Condition	<u>Y</u> l. Tuberculosis
<u>Y</u> c. Asthma	<u>N</u> h. Hepatitis	<u>Y</u> m. Ulcers
<u>N</u> d. Diabetes	<u>N</u> i. High Blood Pressure	<u>Y</u> n. Venereal Disease
<u>N</u> e. Epilepsy	<u>N</u> j. Psychiatric Disorder	<u>Y</u> o. Other (Specify)

Other: \_\_\_\_\_

12. For females only:

- \_\_\_\_\_ a. Are you pregnant?
- \_\_\_\_\_ b. Do you take birth control pills?
- \_\_\_\_\_ c. Have you recently delivered?

## COOSA COUNTY SHERIFF'S OFFICE

06/23/2004

02:16:50

## MEDICAL SCREENING FORM

PAGE 2

Booking No: 040000344 Date: 06/23/2004 Time: 02:11 Type: NORMAL  
Agency to Bill: COOSA COUNTY Facility: COUNTY JAIL

Inmate Name: POWELL DAVID LEE

Race: B

Sex: M

DOB: 01/07/1957 Age: 47 SSN:

Height: 6'00" Weight: 150

N

13. Have you recently been hospitalized or treated by a doctor?

I

14. Do you currently take any non-prescription medication or medication prescribed by a doctor?

Y

15. Are you allergic to any medication?

N

17. Have you ever attempted suicide or are you thinking about it now?

Y

18. Do you regularly use alcohol or street drugs?

N

19. Do you have any problems when you stop drinking or using drugs?

N

20. Do you have a special diet prescribed by a physician?

Y

21. Do you have any problems or pain with your teeth?

N

22. Do you have any other medical problems we should know about?

---

---

---

---

---

---

---

---

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: David Powell DATE: \_\_\_\_\_ TIME: \_\_\_\_\_BOOK OFFICER: Deanna C. Harris DATE: 6-23-04 TIME: \_\_\_\_\_

08/25/2004 13:32:18

COOSA COUNTY SHERIFF'S OFFICE  
MEDICAL SCREENING FORM

PAGE 1

Booking No: 040000451 Date: 08/25/2004 Time: 13:02 Type: NORMAL  
 Agency to Bill: COOSA COUNTY Facility: COUNTY JAIL

Inmate Name: POWELL DAVID LEE

DOB: 01/07/1957 Age: 47 SSN:

Race: B

Sex: M

Height: 6'00" Weight: 150

N 1. Is inmate unconscious?/ 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?/ 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?/ 4. Any signs of poor skin condition, vermin, rashes or needle marks?/ 5. Does inmate appear to be under the influence of drugs or alcohol?/ 6. Any visible signs of alcohol or drug withdrawal?/ 7. Does inmate's behavior suggest the risk of suicide or assault?/ 8. Is inmate carrying any medication?/ 9. Does the inmate have any physical deformities?/ 10. Does inmate appear to have psychiatric problems?

11. Do you have or have you ever had or has anyone in your family ever had any of the following?

N a. Allergies N f. Fainting Spells N k. Seizures/ b. Arthritis N g. Hearing Condition / l. Tuberculosis/ c. Asthma N h. Hepatitis N m. Ulcers/ d. Diabetes N i. High Blood Pressure / n. Venereal Disease/ e. Epilepsy / j. Psychiatric Disorder / o. Other (Specify)

Other: \_\_\_\_\_

12. For females only:

/ a. Are you pregnant?/ b. Do you take birth control pills?/ c. Have you recently delivered?

08/25/2004 13:32:18

COOSA COUNTY SHERIFF'S OFFICE  
MEDICAL SCREENING FORM

PAGE 2

Booking No: 040000451 Date: 08/25/2004 Time: 13:02 Type: NORMAL  
 Agency to Bill: COOSA COUNTY Facility: COUNTY JAIL

Inmate Name: POWELL DAVID LEE

DOB: 01/07/1957 Age: 47 SSN:

Race: B

Sex: M

Height: 6'00" Weight: 150

- N 13. Have you recently been hospitalized or treated by a doctor?
- Y 14. Do you currently take any non-prescription medication or medication prescribed by a doctor? *Nerve pills and other meds*
- N 15. Are you allergic to any medication?
- Y 16. Do you have any handicaps or conditions that limit activity? *Back problem and legs*
- N 17. Have you ever attempted suicide or are you thinking about it now?
- N 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- N 20. Do you have a special diet prescribed by a physician?
- Y 21. Do you have any problems or pain with your teeth?
- Y 22. Do you have any other medical problems we should know about?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE  
 TRUE AND ACCURATE.

MATE: *David Paul*

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

BOOK OFFICER: *AB*

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

08/25/2004 13:32:18 COOSA COUNTY SHERIFF'S OFFICE  
MEDICAL SCREENING FORM PAGE 3  
=====

Booking No: 040000451 Date: 08/25/2004 Time: 13:02 Type: NORMAL  
Agency to Bill: COOSA COUNTY Facility: COUNTY JAIL

Inmate Name: POWELL DAVID LEE Race: B Sex: M  
DOB: 01/07/1957 Age: 47 SSN: Height: 6'00" Weight: 150  
-----

BEDDING/HYGIENE ISSUE FORM

- 1) \_\_\_\_\_ Received tumbler (\$ 2.00 value)
- 2) \_\_\_\_\_ Received pillow (\$15.00 value)
- 3) \_\_\_\_\_ Received mattress (\$30.00 value)
- 4) \_\_\_\_\_ Received blanket (\$15.00 value)
- 5) \_\_\_\_\_ Received Inmate Handbook (\$5.00 value)
- 6) \_\_\_\_\_ Received personal hygiene items

Inmates will be charged the value of each item not received back in good condition at the time they are booked out of the Coosa County Jail.

NOTICE TO INMATES

The Coosa County Jail will charge a co-pay for any and all medical services received through the Coosa County Jail.

The co-pays are: \$10.00 - Doctor visit (each)  
\$ 3.00 - Prescription (each)  
\$ 7.00 - Dentist Visit (each extraction only)

I HAVE READ AND UNDERSTAND THE ABOVE NOTICES REGARDING CHARGES FOR DAMAGED PROPERTY AND MEDICAL SERVICES THAT I MAY INCURE AT THE COOSA COUNTY JAIL.

INMATE: David Powell DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
BOOK OFFICER: C.O. Cagle DATE: 08-25-04 TIME: \_\_\_\_\_

## COOSA COUNTY SHERIFF'S DEPARTMENT

### COOSA COUNTY LAW ENFORCEMENT CENTER

#1 SCHOOL STREET • P. O. BOX 279 • ROCKFORD, AL. 35136-0279  
(256)377-4922 • (256)377-2211  
FAX (256) 377-2690

## ANSWER TO APPEAL

06/21/05

**RE: INMATE DAVID POWELL**

### HEARING BOARD MEMBERS

SGT. WENDY ROBERSON  
CPL. AL BRADLEY

CHIEF DEPUTY CHRIS VINSON  
DEPUTY WILLIAM SMITH

THIS IS TO ADVISE THAT A HEARING HELD ON JUNE 21, 2005 AT 15:30HRS IN THE JAIL ADMINISTRATOR'S OFFICE RESULTED IN THE FOLLOWING DECISION:

IN REGARD TO A CLAIM MADE BY INMATE DAVID POWELL UPON INCARCERATION THAT HE WAS ALLERGIC TO PEANUT BUTTER AND COULD NOT EAT PEANUT BUTTER AND JELLY SANDWICHES AS SERVED ON LUNCH TRAYS, THE BOARD FINDS THE FOLLOWING;

AFTER IT WAS DISCOVERED THAT INMATE DAVID POWELL WAS CONSISTENTLY PURCHASING FOOD ITEMS CONTAINING PEANUTS OR PEANUT BUTTER FROM THE JAIL COMMISSARY, THE JAIL ADMINISTRATOR CHALLENGED INMATE POWELL'S CLAIM THAT HE WAS ALLERGIC TO PEANUT BUTTER AND ORDERED THAT INMATE POWELL NO LONGER BE PROVIDED A SUBSTITUTE FOR PEANUT BUTTER AND JELLY SANDWICHES.

INMATE POWELL APPEALED THAT DECISION RESULTING IN THE HEARING JUNE 21, 2005.

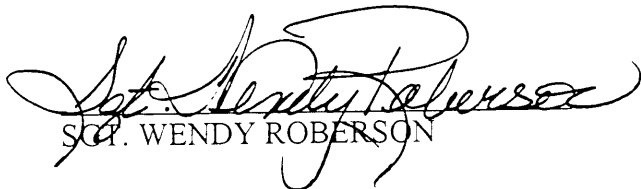
TESTIMONY AND ARGUMENT OFFERED BY POWELL DURING THE HEARING INCLUDED POWELL'S STATEMENT THAT HE DID NOT TELL CORRECTION OFFICERS THAT HE WAS ALLERGIC TO PEANUT BUTTER, BUT THAT HE COULD NOT EAT PEANUT BUTTER 8 DAYS IN A ROW. INMATE POWELL FURTHER STATED THAT DURING HIS PREVIOUS INCARCERATION IN THE COOSA COUNTY JAIL HE WAS SERVED A DIET OF PEANUT BUTTER AND

JELLY SANDWICHES FOR LUNCH 8 DAYS IN A ROW WHICH CAUSED HIM TO BE CONSTIPATED.

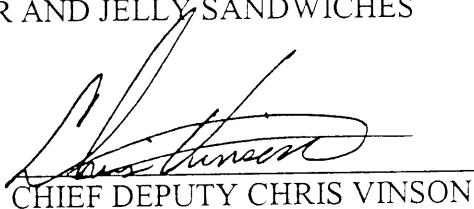
THOUGH IT IS UNDETERMINED AT THIS TIME WHETHER INMATES WERE IN FACT SERVED PEANUT BUTTER AND JELLY SANDWICHES FOR LUNCH 8 DAYS IN A ROW, IT HAS BEEN DETERMINED THROUGH TESTIMONY THAT INMATE POWELL STATED HE DID NOT FILE A COMPLAINT AT THAT TIME.

WHEN ASKED WHICH OFFICER HE ADVISED HE COULD NOT EAT PEANUT BUTTER AND JELLY SANDWICHES 8 DAYS IN A ROW TO AT THE TIME OF THIS INCARCERATION, INMATE POWELL REPLIED THAT HE COULD NOT REMEMBER WHICH OFFICER IT WAS UNLESS HE WAS IN A FEDERAL COURT.

BASED ON INMATE POWELL'S STATEMENT DURING THIS HEARING THAT HE IS NOT ALLERGIC TO PEANUT BUTTER AND HAS NO MEDICAL CONDITION THAT WOULD PREVENT HIM FROM EATING PEANUT BUTTER, IT IS THIS BOARD'S DECISION THAT INMATE POWELL'S FOOD TRAYS WILL NOT BE SUBSTITUED WHEN PEANUT BUTTER AND JELLY SANDWICHES ARE SERVED.

  
SGT. WENDY ROBERSON

  
CPL. AL BRADLEY

  
CHIEF DEPUTY CHRIS VINSON

  
DEPUTY WILLIAM SMITH



# COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C-104DATE: 6/26/05 TIME: 4:40 AM

Please check one of the following:

       Medical             Commissary        ✓   Grievance             Other

Briefly state your request or list your commissary items below"

I HAVE FILE A LAWSUIT AGAINST THE SHERIFF  
DEPARTMENT. I AM ALSO FILES COMPLAINT BE-  
CAUSE T. FEEL THAT YOU ALL ARE PETAL-  
ING AGAINST ME BY REFUSE THE MEDICAL  
CARE THAT I NEED, ALSO I ASK TO BE IN  
A CELL ALONE BECAUSE OF THE DEPRESSION PRO-  
BLEM WITH NO MEDICATION. THERE ARE FIVE  
OTHER CELL WITH ONE PERSON IN THERE BUT  
FIRST PERSON BACK IN YOU ALL PUT IN MY  
CELL. I NEED TO GO TO A LEGAL LAW LIBRARY

Inmate's signature David Powell

Do not write below—for reply only

YOU ARE NOT BEING DENIED MEDICAL ATTENTION. YOU HAVE ALREADY  
BEEN TREATED BY A DENTIST AND A DOCTOR WITH ADDITIONAL APPOINTMENTS  
FORTHCOMING. HOWEVER INMATES ARE SCHEDULED ACCORDING TO THE  
SEVERITY OF THEIR MEDICAL CONDITIONS. THERE HAS BEEN NO RETALIATION  
ON THE PART OF THE JAIL OR ANY OFFICER. YOUR INFORMATION AS

Signature of Jail Officer receiving original request:

STATED IS INCORRECT. OF THE "10" CELLS IN THE BLOCK, 4 HAVE TWO  
INMATES ASSIGNED. 4 HAVE ONLY 1 INMATE ASSIGNED. 1 CELL IS FOR  
THE DAYROOM BATHROOM AND 1 CELL HAS JUST BEEN VACATED BY A  
TRANSFERRING INMATE. CELL ASSIGNMENTS WILL CONTINUE TO CHANGE AS  
INMATES COME AND GO WITH NO PARTICULAR CONSIDERATION FOR ASSIGNMENT  
OTHER THAN KNOWN ENEMIES AND OBVIOUS DISABILITIES.

*JP* 6/29/05